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**STATE-30 J-1 VISA WAIVER PROGRAM AFFIDAVIT AND AGREEMENT**

I, (please print) \_\_\_\_\_, **being duly sworn, hereby request that the Kansas Department of Health and Environment review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J-1 visa, pursuant to the terms and conditions as follows:**

1. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the State of Kansas, the Kansas Department of Health and Environment, the Office of Local and Rural Health and any and all State of Kansas employees, agents, and assignees, from any action or lack of action made in connection with this request.
2. I further understand and acknowledge that the entire basis for consideration of my request is the Kansas Department of Health and Environment's voluntary policy and desire to improve the availability of health care in medically underserved areas and to populations with unmet needs..
3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render medical care services to patients, including the medically indigent, for a minimum of forty (40) hours per week within a U.S. Public Health Service designated primary care (or mental health) Health Professional Shortage Area (HPSA), Population HPSA, facility with an automatic HPSA designation or a Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designated within the past three years.
4. Such service shall commence no later than 90 days after I receive notification of approval by both the U.S. Citizenship and Immigration Services( USCIS) and the U.S. Department of Labor and shall continue for a period of at least three (3) years.
5. I agree to incorporate all the terms of this "J-1 Visa Waiver Affidavit and Agreement" into any and all employment agreements I enter pursuant to paragraph 3 (above).
6. I further agree that any employment agreement I enter pursuant to paragraph 3 (above) not contain any provision which modifies or amends any of these terms of this "J-1 Visa Waiver Affidavit and Agreement."
7. I understand and agree that my medical care services rendered pursuant to paragraph 3 (above) shall be in a Medicare and Medicaid certified site that has an open, non-discriminatory admissions policy. If my practice site is located in a federally designated low-income HPSA, that practice site will use a sliding fee scale for low-income, medically indigent patients.
8. I understand that this waiver must ultimately be approved by the USCIS, and I agree to provide written notification of the specific location and nature of my practice to the Kansas Department of Health and Environment at the time that I commence rendering services and will notify the Kansas Department of Health and Environment of any change in the location and nature of my practice within three working days of the change or prior to the change.
9. I understand and acknowledge that if I willfully fail to comply with the terms of this "J-1 Visa Waiver Affidavit and Agreement" the Kansas Department of Health and Environment may notify the U.S. Department of State and U.S. Citizenship and Immigration Services. Additionally, any and all other measures available to the Kansas Department of Health and Environment may be taken in the event of non-compliance.

I declare under the penalties of perjury that the information provided to the Kansas Department of Health and Environment for purposes of determining whether it will act in its capacity as state department of health is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.